

ISSUE SLIP STAP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		07/27/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	877	09-03-01
RESPONSE FORMALITY REVIEW	MA	830	05-01-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	01/15/01
2	01/15/01
3	01/15/01
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Claim	Date
Final Original	
51	01/15/01
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100	01/15/01

Claim	Date
Final Original	
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